

TRUST BOARD
26th September 2013

TITLE	Balanced Scorecard
EXECUTIVE SUMMARY	<p>During 2013/14 the Trust's overarching priorities are to make substantial improvements to both patient experience (fostering a more open culture and acting on what patients and families are telling us) and to staff experience, developing the Trust so that all the staff are more engaged with decision making and the overall experience of working here.</p> <p>The Trust continues to report good results for its inpatient services though A&E continues to be significantly under our desired level.</p> <p>The Trust reported a favourable variance of £0.1m to the planned loss in the month. This has reduced the YTD reported adverse variance to £0.7m (Last month reported £0.8m adverse), with the YTD surplus now £0.8m</p>
BOARD ASSURANCE (RISK)/ IMPLICATIONS	The paper highlights the key measures the Trust monitors itself against and outlines the actions being taken where necessary.
LINK TO STRATEGIC OBJECTIVE	The Balanced Scorecard encompasses all four Strategic Objectives.
STAKEHOLDER/ PATIENT IMPACT AND VIEWS	The paper sets out the key level indicators that are relevant to patient care within the organisation.
EQUALITY AND DIVERSITY ISSUES	N/a
LEGAL ISSUES	N/a
The Trust Board is asked to:	Discuss and obtain assurance from the paper.
Submitted by:	Dr David Fluck, Medical Director Louise McKenzie, Director of Workforce Transformation Simon Marshall, Director of Finance and information
Date:	19 th September 2013
Decision:	For Assurance

Balanced Scorecard

1.0 Introduction

During 2013/14 the Trust's overarching priorities are to make substantial improvements to both patient experience (fostering a more open culture and acting on what patients and families are telling us) and to staff experience, developing the Trust so that all the staff are more engaged with decision making and the overall experience of working here.

The key measure for patient experience is the Friends and Family test which is showing good results for ward based care, but the A&E experience is behind where the Trust is aiming. The Trust is performing well for the collection of data; it is the leading Trust in the region. In terms of responses the Trust is comparing well against its peers for inpatient care and is amongst the top group. For A&E the Trust is collecting significantly more data than the majority of other Trusts.

2.0 To achieve the highest possible quality of care and treatment for our patients

The SHMI mortality rate for August was 57 which means the rolling twelve month position remains at 62, against a peer average of 72. The actual number of deaths in August was 74 which is within the trajectory of 86. The target within the balanced scorecard has been corrected to ensure that it reflects the CQUIN target agreed with the CCG.

The Trust continues to meet the target for VTE risk assessment (>95%); however, the incidence of new, hospital-associated DVT / PE remains a concern. New cases of thrombosis are identified via the return of patients to anti-coagulation clinics. It is difficult to accurately identify actual numbers of patients affected due to the often clinically silent nature of VTE and it is not possible to completely eradicate the risk to patients. There are ongoing, regular training sessions for clinical staff and the Trust has improved its root cause analysis to identify reasons for thrombosis developments with findings shared among clinical teams across the organisation.

There were 26 complaints in August, which was slightly reduced from July. However the Trust is still above its target reduction level.

The Friends and Family results for August were above the expected level for inpatient care. The Friends and Family Test score for A&E (49.6) lies well below the target (70) set at the beginning of the year. Recent, published data providing a benchmark against other neighbouring Trusts and the national picture show wide variation in the scores for A&E departments (from 20 to 75). The Trust will reconsider the appropriateness of this target following publication of further data.

The number of falls was below the target level in August but remains above the target level for the year. One patient suffered significant injury in August. The Falls steering group and recent recruitment to the vacancy for the falls nurse specialist role will support review and implementation of new recommendations from NICE to reduce the number of falls and falls with harm within the Trust.

There was one case of C-difficile in August, but no cases of MRSA. This leaves the year to date number of cases at two and zero respectively. This reflects the on-going focus on implementing infection control strategies.

3.0 To deliver the Trust's strategy of joined up healthcare

During August ASPH continued to achieve all the key Monitor targets within the compliance framework including the four hour emergency access standard (97.7%). This target remains a key focus.

Readmissions are above the target level of 6.3% at 7.5%. The project led by the Medical Director to reduce readmissions continues. The data quality issues associated with readmissions that were reported in previous months have been corrected.

Elective activity continues to pick up and is now down by 9.3% year to date (was 10.6% below plan last month, 13.1% 2 months ago). However, there has been a shift towards day case work, and this is beneficial as the cost is lower, and attracts better tariffs in some instances, and is reflected in the income.

Elective activity continues to pick up and is now down by 5.3% year to date (was 9.3% below plan last month, 10.6% 2 months ago). However, there has been a shift towards day case work, and this is beneficial as the cost is lower, and attracts better tariffs in some instances, as is reflected in the income. Emergency activity continued to increase and was 2.2% up (0.1% down last month), which represents a month on month increase, mainly due to increased short stay activity related to the heat-wave, partially offset by a decrease in Neo-natal activity in the month.

The non-elective threshold and re-admissions penalty was increased by a further £0.3m as a result and now stand at £0.5m above plan YTD, and forecast to be £1.2m to the end of the year. There is also an element of Emergency activity QIPPS within the budget (£0.5m YTD) and any non-achievement manifests as an income over-performance in £'s. The total value of CCG QIPPs within the budget year to date is £1.9m. A&E over performance slowed down in month 5, and is it is now 1.1% ahead of plan (2.0% ahead last month).

4.0 To recruit, retain and develop a high performing workforce

At 31 August 2013 the workforce establishment increased to 3338 WTE (2374 WTE clinical and 964 WTE non-clinical posts) as a result of increases of 5.74 WTE in Therapies and Pathology, and an adjustment to reduce 0.67 WTE in Gastroenterology.

The use of agency staff decreased by 6.4 WTE from 85 WTE in July to 78 WTE in August, remaining above target.

- Medical agency decreased from 29.7 WTE to 25.5 WTE
- Nursing & HCA agency increased slightly from 49.6 WTE to 51 WTE with agency use continuing in A&E, Medicine, Theatres at St Peters and Ashford and ITU.
- AHP/HCHS/Other decreased from 5.3 WTE to 1.8 WTE.
- The use of bank staff increased from 252 WTE to 272 WTE. The in-house bank went live from 1 August.

The vacancy rate increased from 9.3% to 10.7%, slightly above the 10% target.

Turnover is based on the number of leavers during previous 12 months and this has increased from 14.3% to 16.6%, remaining above the trust target.

The number of leavers this month increased from 43 to 55 in August

- Voluntary resignations accounted for 49 of the 55 as follows:
 - 5 retirements,
 - 15 promotions/better reward package
 - 4 undertaking further education/training
 - 9 relocations
 - 16 childcare responsibilities/work life balance/ health and other

The remaining terminations were 4 fixed term contracts ending and 2 dismissals.

Stability (percentage of the workforce with more than one year's service) remained at 87.2%, remaining above the Trust target. The sickness rate increased slightly to 3.0% in August, the cumulative YTD figure remained at the Trust target level of 3.0%.

The number of staff recorded as having an appraisal within the past year decreased to 90%, remaining below the target. Mandatory training compliance decreased to 86%, below the trust target, as corrective work continues to validate training records against the new training framework.

5.0 To ensure financial sustainability of the Trust through business growth and efficiency gains

The Trust reported a favourable variance of £0.1m to the planned loss in the month. This has reduced the YTD reported adverse variance to £0.7m (Last month reported £0.8m adverse), with the YTD surplus now £0.8m. The main driver was income over-performance coupled with a reduction in expenditure for the month. The forecast outturn surplus has been kept at £3.0m, however there are a number of risks to this. The risks and opportunities within the forecast are discussed within the finance report.

The current Monitor FRR is 3 which is as planned, however the weighted score is lower than plan. The forecast remains at 3 for the year. Against the shadow Continuity of Service Risk Rating the Trust scores 4 (the maximum) year to date and forecast. CIPS are forecast to be £10.7m against a plan of £11.8m, as some schemes are still

being assured. This represents a reduction in the forecast of £0.1m compared to last month. Cash was behind target due in part to the month 5 year to date income over performance income not yet being recovered and some invoice phasing, offset by the underspend on capital.

Trust Balanced Scorecard - AUGUST 2013/14

1. To achieve the highest possible quality of care and treatment for our patients

Patient Safety & Quality	Outturn 12/13	YTD Target 13/14	Monthly Target 13/14	Annual Target 13/14	Aug Actual	Performance			YTD 13/14	
						Jun	Jul	Aug		
1-01 Summary Hospital-level Mortality Indicator (SHMI)	N	60	<72	<72	<72	57	▲	▲	▲	62
1-02 In-Hospital Deaths (CQUIN)	L	1134	<430	<86	<1034	74	▼	▲	▲	421
1-03 MRSA (Hospital only)	N	2	0	0	0	0	◀▶	◀▶	◀▶	0
1-04 C.Diff (Hospital only)	N	15	6	<=1	<13	1	◀▶	◀▶	▼	2
1-05 VTE (hospital associated with PE or DVT)	L	24	<10	<2	<24	5	▲	▼	▼	16
1-06 Serious Incidents Requiring Investigation (SIRI)	L	71	<31	<6	<75	6	▲	◀▶	▲	33
1-07 Average Bed Occupancy (inc escalation)	L	88.6%	<92%	<92%	<92%	80.9%	▲	▲	▲	86.3%
1-08 Patient Moves (ward changes >=3)	L	7.4%	<7.5%	<7.5%	<7.5%	4.8%	▲	▼	▲	5.7%
1-09 Formal complaints (Total Number)	L	485	<187	<37	<450	26	▲	▼	▲	201
1-10 Friends & Family test score - InPatients	L	-	70	70	70	74.2	▲	▲	▼	73.3
1-10a Friends & Family test score - A&E	L	-	70	70	70	49.6	▼	▲	▼	48.4
1-11 Falls (Total Number)	L	766	<291	<58	<700	53	▲	▼	▲	336
1-12 Falls - resulting in significant injury (grade 3)	L	18	<6	<1	<15	1	▼	▼	▲	11
1-13 Hospital acquired pressure ulcers grade 2 and above	L	164	<57	<11	<139	7	▲	▲	▲	52
1-14 Catheter associated UTI *	L	-	<1.2%	<1.2%	<1.2%	0.00%	▼	▼	▲	0.53%

1-01 IN-HOSPITAL (SHMI) Monthly figure is a rolling 3 month position, 1 month in arrears & YTD figure is a rolling 12 Month position, 1 Month in arrears
 1-08 Patients Moves excluded: To the Discharge Lounge, MAUV-MAU and SAUV-SAU, between Theatres, between Endoscopy
 1-14 *Achieved by 6 months then maintained

3. To deliver the Trust's clinical strategy of joined up healthcare

Clinical Strategy	Outturn 12/13	YTD Target 13/14	Monthly Target 13/14	Annual Target 13/14	Aug Actual	Performance			YTD 13/14	
						Jun	Jul	Aug		
3-02 Trust 4Hr Target (Monitor Compliance)	N	95.3%	>95%	>95%	>95%	97.7%	▲	▼	▲	96.2%
3-03 Emergency Conversion Rate	C	24.0%	<23.8%	<23.8%	<23.8%	22.9%	▼	▲	▼	22.5%
3-04 Ambulatory Care Pathways	N	26.5%	>30%	>30%	>30%	22.2%	▲	▼	▲	24.8%
3-05 95% of all LOS < 27 days	L	-	<27 days	<27 days	<27 days	21	◀▶	▲	▼	22
3-06 Readmissions within 30 days - elective & emergency	N	0.0%	<6.3%	<6.3%	<6.3%	7.5%	▲	▼	▼	7.2%
3-07 Overall Elective Market Share	L	-	>66%	>66%	>66%	65.8%	-	▼	▲	64.8%
3-08 Overall Elective Market Share (Vascular)	L	-	>50%	>50%	>50%	46.2%	-	▼	▲	41.4%
3-09 Stroke Patients (90% of stay on Stroke Unit)	N	82.4%	>85%	>85%	>85%	82.1%	▲	▲	▼	79.0%
3-10 % Elective inpatient activity taking place at Ashford	L	52.3%	>57.53%	>57.53%	>57.53%	47.65%	▲	▼	▲	47.6%
3-11 Discharge rate to normal place of residence (Stroke&FNOF)	L	57.1%	>62.1%	>62.1%	>62.1%	69.4%	▲	▲	▲	65.7%
3-12 R&D - Observations & Interventions	L	508	797		797	13			▼	90
3-13 Elective Activity (Spells)	L	34,252	14216	2484	>34,417	2955	▼	▲	▼	15550
3-14 Emergency Activity (Spells)	L	40,580	15879	3138	<37,644	3141	▼	▼	▼	15886
3-15 Outpatient Activity (New Attendances)	L	111,061	42719	7436	>110,242	7944	▼	▲	▼	43593

3-02 * As per Monitor reporting (includes Ashford)
 3-04 * 2 Additional Pathways (Total 20 Pathways)
 3-05 * Methodology as per CQUIN target, excludes Daycases and zero LOS
 3-07 * Market Share reported 2 month in arrears - Data not available from Dr Foster until September
 3-12 * R&D figures are reported 1 month retrospective and cumulative. They include both observations and intervention - Data not Received

2. To recruit, retain and develop a high performing workforce

Workforce	Outturn 12/13	Annual Target 13/14	Aug Actual	Performance			YTD 13/14	
				Jun	Jul	Aug		
2-01 Establishment (WTE) *1	L	3240	3374	3338	▲	▼	▲	3338
2-02 Establishment (£Pay) *1	L	£141,700k	£142m	£12,303k	▼	▼	▲	£61,117k
2-03 Establishment Reduction - CIPs (WTE) *2	L	49	55	0	◀▶	▲	▼	50
2-04 Growth (New/Redesigned Roles) *2	L	128	88	5	▲	▲	◀▶	15
2-05 Agency Staff use (WTE)	L	58	<45 WTE	78	▼	▼	▲	72
2-06 Agency Staff (£Pay) *3	L	£8,699k	3.65% of payroll	£998k *5	▼	▼	▲	£4,422k
2-07 Bank Staff use (WTE)	L	256	<280 WTE	272	▲	▼	▲	254
2-08 Bank Staff (£Pay) *3	L	£9,001k	6.35% of payroll	£688k	▼	▲	▲	£3,578k
2-09 Vacancy Rate (%)	L	0	<10%	10.7%	▲	▲	▼	10.7%
2-10 Staff turnover rate	L	14.9%	<13%	16.6%	▲	▲	▼	16.6%
2-11 Stability	L	85.5%	>85%	87.2%	▲	▼	◀▶	87.2%
2-12 Sickness absence	L	2.87%	<3.00%	3.0%	▲	◀▶	▼	3.0%
2-13 Staff Appraisals	L	92%	98%	90%	▼	▲	▼	90%
2-14 Statutory and Mandatory Training	L	98%	98%	86%	▲	◀▶	▼	86%
2-15 Staff Engagement Measure *4	L	NEW	3.69	3.62	◀▶	◀▶	◀▶	3.62

*1 Additional investment confirmed, revised at end of quarter 1
 *2 Included in divisional and corporate workforce plans
 *3 Included within Establishment (£pay)
 *4 Ratings Scale from 1 to 5, with 1 being 'Not Engaged', and 5 being 'Highly Engaged'
 *5 Agency Expenditure (accruals) are being revalidated by Finance

4. To ensure the financial sustainability of the Trust through business growth and efficiency gains

Finance & Efficiency	Outturn 12/13	Annual Target 13/14	Aug Actual	Performance*			YTD 13/14	
				Jun	Jul	Aug		
4-01 Monitor Financial Risk Rating	N	3	3	3	▼	▼	▼	3
4-02 Total income excluding interest (£000)	L	£232,217	£232,320	£19,712	▲	▲	▲	£100,365
4-03 Total expenditure (£000)	L	£215,891	£214,966	£19,092	▲	▲	▲	£94,077
4-04 EBITDA (£000)	L	£16,326	£17,354	£619	▼	▼	▲	£6,288
4-05 CIP Savings achieved (£000)	L	£12,058	£11,839	£570	▼	▼	▼	£4,174
4-06 CQUINs (£000)	L	£3,969	£4,950	£412	◀▶	◀▶	◀▶	£2,062
4-07 Month end cash balance (£000)	L	£15,239	£12,845	£12,745	▼	▼	▼	£12,745
4-08 Capital Expenditure Purchased (£000)	L	£8,985	£17,036	£1,047	▼	▲	▲	£3,841
4-09 Emergency threshold/readmissions penalties	L	£5,855	£3,692	£608	◀▶	◀▶	▲	£2,035
4-10 Average LoS Elective	L	3.69	3.32	3.32	▼	▲	▲	3.72
4-11 Average LoS Non-Elective	L	7.15	6.99	6.50	▲	▲	▲	6.70
4-12 Outpatients first to follow-up ratio	L		1:1.5	1:1.53	◀▶	◀▶	◀▶	1:1.55
4-13 Daycase Rate (whole Trust)	L	81.5%	>84%	83.6%	▲	▲	▼	83.7%
4-14 Theatre Utilisation	L	71.55%	>=75%	62.9%	▲	▼	▼	64.79%

4-10 Average LOS figures have now been calculated using the same methodology applied to the calculations for the Real Time contract.
 4-12 Revised target to align with 2013/14 contract as advised by Simon Marshall
 4-14 Utilisation based on Time Used (Proc End - Anaesthesia Induction) as % of Available Session Time (4hours) Includes Bluespier records with missing tracking times
 * Performance rating for finance is against plan

Delivering or exceeding Target	▲	Improvement on previous Month	▲
Underachieving Target	◀▶	No change to previous month	◀▶
Failing Target	▼	Deterioration on previous month	▼

Trust Balanced Scorecard 2013/14

Definitions

Quadrant 1	Indicator Definition
1-01	IN-HOSPITAL SHMI - The SHMI is a ratio of the observed number of deaths to the expected number of deaths for a provider. The observed number of deaths is the total number of patient admissions to the hospital which resulted in a death either in-hospital or within 30 days post discharge from the hospital. The expected number of deaths is calculated from a risk adjusted model with a patient case-mix of age, gender, admission method, year index, Charleston Comorbidity Index and diagnosis grouping. A 3 year dataset is used to create the risk adjusted models. A 1 year dataset is used to score the indicator. The 1 year dataset used for scoring is a full 12 months up to, and including, the most recently available data. The 3 years used for creating the dataset is a full 36 months up to, and including, the most recently available data.
1-02	The total number of in-hospital deaths (CQUINN definition, excludes age<18, maternity and ICD10 codes that relate to trauma - V01, X*, W*, Y*, O*)
1-03	Number of Hospital acquired MRSA
1-04	Number of Hospital acquired C-Diff
1-05	The number of patients with a VTE assessment who then had a Pulmonary Embolism or Deep Vein Thrombosis (during their stay)
1-06	The total number of Serious Incidents requiring Investigation
1-07	Average number of beds available (including escalation beds) in the month against the average number of beds occupied taken at midnight from PAS
1-08	The percentage of patients who were transferred between wards, 3 or more times during their admission.
1-09	The number of formal complaints
1-10	Friends and Family Test score for Inpatients (Test asks following standardised question: "how likely are you to recommend our ward to friends and family if they needed similar care or treatment?")
1-10a	Friends and Family Test score for A&E (Test asks following standardised question: "how likely are you to recommend our A&E department to friends and family if they needed similar care or treatment?")
1-11	The total number of Falls
1-12	The total number of Falls resulting in significant injury grade 3 or above
1-13	The total number of hospital acquired pressure ulcers grade 2 or above
1-14	New Catheters and UTI's as a rate of total sampled patients
Quadrant 3	Indicator Definition
3-02	Number of attendances at A&E discharged within 4 hours
3-03	Percentage of patients who were admitted of the total number of attendances at A&E
3-04	Ambulatory Care Pathways
3-05	95th percentile of all LOS - Methodology as per CQUIN target, excludes Daycases and zero LOS
3-06	Re-admissions within 30 days of first admission where the first admission was Elective or Emergency.
3-07	Overall Elective Market Share - Surrey PCT - All specialties for Surrey PCT
3-08	Overall Elective Market Share for Vascular activity (Using Dr Foster) Using HRG4 codes where Chapter = QZ or RC excludes RC41 - Surrey PCT
3-09	The percentage stroke patients who spent 90% of their stay on a stroke ward of their total admission.
3-10	Percentage of elective Inpatient activity taken place at Ashford
3-11	Number of discharges discharged to normal place of residence as a rate of all discharges for stroke and Fractured Neck of Femur
3-12	Research & Development - Number of observations and interventions
3-13	Total number of Elective (Inpatient & Daycase) Spells in the month
3-14	Total number of Emergency Spells in the month
3-15	Total number of Outpatient New attendances
Quadrant 4	Indicator Definition
4-10	Average Length of Stay for Elective patients using the Real- Time methodology (Excludes 0 days and Gynae/ Paeds)
4-11	Average Length of Stay for Non- Elective patients using the Real- Time methodology (Excludes 0 days and Gynae/ Paeds)
4-12	Outpatient New - Follow-up Ratio (Criteria in line with Business contract)
4-13	Percentage of daycases of all electives.
4-14	Theatre Utilisation - 'Utilisation based on Time Used (Proc End - Anaesthetic Induction) as % of Available Session Time (4hours) Includes Bluespicer records with missing tracking times